



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

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INPATIENT NEWBORN CARE BULLETIN

CONTENTS

- INPATIENT NEWBORN CARE

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In order to comply with the HIPAA national standards for transactions and code sets, Missouri Medicaid will change the modifier “63” currently used with procedure codes, 99231-99233, for inpatient newborn care. According to the American Medical Association (AMA), modifier “63” should not be appended to any Current Procedural Terminology (CPT) codes listed in the Evaluation and Management section.

Effective for dates of service on and after January 1, 2005 providers will use modifier “TG”, complex/high tech level of care, with inpatient newborn care procedure codes 99231-99233.

Procedure Codes prior to 10/16/03	Procedure Codes effective 10/16/03 to 12/31/04	Procedure Codes effective 1/01/05 and after
99231 99	99231 63	99231 TG
99232 99	99232 63	99232 TG
99233 99	99233 63	99233 TG

These procedure codes are limited to services provided to newborn/infants for the following specific diagnosis codes:

038.0-038.9	765.00-765.07	765.10-765.17	769	773.0-773.5	775.6
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For definitions of the diagnosis codes, refer to the International Classification of Diseases, 9th Revision, Clinical Modification Book (ICD-9-CM).

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the listserve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 1-800-392-0938 and using Option One.

Provider Communications Hotline
800-392-0938 or 573-751-2896